

BREEDER/OWNER AWARD SYSTEM

Form DMB-20-OFM (10/94)

PAYEE REGISTRATION

State of Michigan
 Department of Agriculture
 P.O. Box 30017
 Lansing, MI 48909

Phone: (517) 373-9775 Fax (517) 241-4217

Authority: Act 431 of 1984

Completion: Voluntary

Completion necessary for inclusion
 in master vendor/payee file.

1. TAX IDENTIFICATION NUMBER (TIN) (Use Social Security Number if sole proprietor) FEIN <input type="checkbox"/> SSN <input type="checkbox"/>		2. NAME (Or Legal Business Name) _____	
State of Mich. Use Only: Y 001 202 Y 001 201 Y 001 203 Y 001 204 N 001	3. TYPE OF OWNERSHIP <input type="checkbox"/> Individual/Sole Proprietorship (Name of Individual) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation, State of _____		
4. MAILING ADDRESS (Street and/or P.O. Box) ATTN – 1: _____ Phone: _____ ATTN – 2: _____ Fax: _____ ATTN – 3: _____ Street: _____ City: _____ State: _____ Zip: _____ P.O. Box: _____ City: _____ State: _____ Zip: _____ Contact Name: _____			
5. REMITTANCE ADDRESS (If different than above) ATTN – 1: _____ Phone: _____ ATTN – 2: _____ Fax: _____ ATTN – 3: _____ Street: _____ City: _____ State: _____ Zip: _____ P.O. Box: _____ City: _____ State: _____ Zip: _____ Contact Name: _____			
6. Signature: _____ Date: _____			
STATE OF MICHIGAN USE ONLY	<input type="checkbox"/> Imprest Cash Payment <input type="checkbox"/> One-Time Payment	<input checked="" type="checkbox"/> High Priority, Reason _____ <input type="checkbox"/> Confidential, Reason _____	